

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000004034

1. Entity Name
BSW"LLC"



Principal Place of Business

152 OLD STAGE RD
ESSEX JCT., VT 05452 US

Mailing Address

152 OLD STAGE RD
ESSEX JCT., VT 05452 US

DO NOT WRITE IN THIS SPACE



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0402909

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAWYER, WILLIAM
780 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BEAN, PAUL
STREET ADDRESS	152 OLD STAGE RD
CITY - ST - ZIP	ESSEX JCT, VT 05452
TITLE	MGRM
NAME	WESTON, JAMES P
STREET ADDRESS	175 TOWER RD. EXT
CITY - ST - ZIP	ESSEX JCT, VT 05452
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/04-80089-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

PAUL BEAN

4/29/04

Date

802-879-8312

Daytime Phone #